

Internal Medicine Coding Alert

CPT 2004 Update: Ensure Payment With Revised Venipuncture Code

Use 36410 for physician's services

If you want to get your internal medicine practice paid for adult venipuncture code 36410, make sure the internist personally administers the procedure. That's because CPT 2004 revised the code to specifically represent "physician skill."

You should report 36410 (Venipuncture, age 3 years or older, necessitating physician's skill [separate procedure], for diagnostic or therapeutic purposes [not to be used for routine venipuncture]) when the internist performs an unusual venipuncture on children 3 years or older and adults. You shouldn't bill this code if a nurse or physician assistant administers the venipuncture.

Warning: Remember that Medicare does not recognize 36410.

When you report venipuncture services to Medicare, use G0001 (Routine venipuncture for collection of specimen[s]), says **Kathy Pride, CPC, CCS-P**, a coding consultant for QuadraMed in Port St. Lucie, Fla.

The physician may charge for venipuncture as long as the fee doesn't exceed \$3 per patient, according to the Medicare Carriers Manual. And use the following criteria when reporting venipuncture:

1. Payers can't reimburse anyone who hasn't actually extracted the specimen.
2. Your internist can bill only once per patient encounter, regardless of the number of specimens drawn.
3. Other physicians in the region or community must also make separate charges for drawing specimens.